



Occupational Health Nurses Association of Nova Scotia

www.ohnans.com

Application / Renewal Form for May 1, 2019 to April 30, 2020

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|--|------------------------------|---------------------------------------|
| Surname: | First Name: | Initial: |
| Mailing Address: | | |
| City/Town: | Province: | Postal Code: |
| Email Address (for Members list): | | Tel (home) |
| Company/Work: | | Tel (work) |
| Address at Work: | | |
| City/Town: | Province: | Postal Code: |
| Email address where you want to receive message: | | |
| RN Registration Number: | COHN(C) Registration Number: | Retired (no license) |
| Do you hold a current RN License in NS? | | Other provinces (please list): |
| Are you a new member this year? | | Have been past member /now rejoining: |
| What credentials do you prefer on the membership list? | | |
| Is there any of the above that you prefer not to share with members? | | |
| Are you willing to serve on a short-term committee? | | |

Membership Fee: OHNANS membership fee includes provincial and Canadian Occupational Health Nurses Association/Association Canadienne des Infirmieres et infirmiers en Sante du Travail (COHNA-ACIIST) dues. Fees are due on or before April 30 of each year. Members renewing their membership after that date will be charged and additional \$10.00 for late payment. New members joining after November 1st shall pay half a year's dues for the balance of the first fiscal year of membership. There is no late fee for new members.

Active Membership: \$60.00 per year. This category includes CRNNS RNs: currently employed in Occupational Health; previously employed in Occupational Health but now retired up to 3 years and who are enrolled in an OHN & OHS program.

Associate Membership: \$60.00 per year. This category includes CRNNS RNs who: contribute to an Occupational Health Program; have been employed in OHN and are now employed in another field of nursing; who wish to pursue a career in OHN; and RNs who are employed in OHN without a CRNNS licence.

Retired Membership: \$30.00 per year. This category includes retired CRNNS RNs who no longer hold a nursing license but wish to maintain membership.

Student Membership: \$30.00 per year. This category includes full-time students who are enrolled in a full-time nursing student in a program in Canada and do not have a nursing license.

Application for Membership: Application for membership, in the appropriate category, shall be made in writing on the forms provided and be accompanied by payment of the applicable annual membership fee, which will be returned to the applicant if membership is refused or the application is incomplete.

I hereby, certify the information on this form is true, correct and complete:

| | |
|------------|------|
| Signature: | Date |
|------------|------|

Please send your membership application to OHNANS, Heather Wilson, 100 Peregrine Cres., Bedford, NS B4A 3C1 or email to OHNANS

| Have you enclosed? | Office use only |
|--|--------------------------------|
| Cheque (or etransfer) for Membership Fee | Payment Received: |
| Copy of COHN(C) certificate | Card & Receipt: |
| Late Fee added if applicable | License status checked (date): |
| This form updated and signed | Update Membership List: |